FCC Foi	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	305062	
<015>	Study Area Name	CINCINNATI BELL-OH	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Patricia Rupich	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5133976671 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	pat.rupich@cinbell.com	
	Form Type	54.313 and 54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

Jata Con	ection Form									/ 2013	-0380/ONID CONTION	0. 3000-0819
<010>	Study Area Co	ode				305062						
<015>	Study Area Na						CINCINNATI BELL-OH					
<020>	Program Year					2018						
<030>		e - Person USAC	Should contac	t regarding this	data	Patricia Ru	pich					
<035>		hone Number				5100056651	_					
<039>		Address - Ema					cinbell.com					
							No					
<210>	For the prio	r calendar yea	ar, were there	e any reportal	ole voice serv	ice outages?	NO					
<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d>&gt;</d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS									Did This Outage		
	Reference	_	Outage Start	-	_	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected	Total Number of Customers	Affected	Description (Check all that apply)	Study Areas	Service Outage Resolution	Preventative Procedures
							customers	(Yes / No)	ан спас арргу)	(Yes / No)	Resolution	Procedures
												<u> </u>
												<del>                                     </del>
												<del> </del>
												<del>                                     </del>
											ĺ	

•	fulfilled Service Request lection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 306 July 2013	50-0819
<010>	Study Area Code		305062			
<015>	Study Area Name		CINCINNATI BELL-OH			
<020>	Program Year		2018			
<030>	Contact Name - Person USAC should contact re	garding this data	Patricia Rupich			
<035>	Contact Telephone Number - Number of persor	n identified in data line <030>	5133976671 ext.			
<039>	Contact Email Address - Email Address of person	n identified in data line <030>	pat.rupich@cinbell.com			
<300> Unfulfilled service request (voice)		0				
<310>[	Detail on attempts (voice)					
		Nam	e of Attached Document			
<320> Unfulfilled service request (broadband)		3242				
		3050620HUnfulfille	dBBRequestResolution330.pe	df		
<330> Detail on attempts (broadband)						
Name of Attached Document						

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	305062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2018
<030>	Contact Name - Person USAC should conta	ct regarding this data  Patricia Rupich
<035>	Contact Telephone Number - Number of p <030>	erson identified in data line 5133976671 ext.
<039>	Contact Email Address - Email Address of p <030>	person identified in data line pat.rupich@cinbell.com
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voice calendar year for each service area in which any facilities you own, operate, lease, or of	telephony service in the prior Offered only fixed voice hyou are designated an ETC for
<410>	Complaints per 1000 customers for fixed v	oice 0.0
<420>	Complaints per 1000 customers for mobile	voice
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or greathe prior calendar year for each service are an ETC for any facilities you own, operate,	ater) for broadband service in Offered only fixed broadband a in which you are designated
<440>	Complaints per 1000 customers for fixed b	roadband 0.0
<450>	Complaints per 1000 customers for mobile	broadband

•	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013			
<010>	Chudu Area Coda	305063				
<010>	Study Area Code	305062 CINCINNATI BELL-OH				
<015>	Study Area Name					
<020>	Program Year	2018				
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich				
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.				
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com				
<500>	<500> Certify compliance with applicable service quality standards and consumer protection rules Yes					
		3050620HServiceQualityConsProtect5	10.pdf			
<510>	<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance					
<515>	<515> Certify compliance with applicable minimum service standards					

(600) Fu	Inctionality in Emergency Situations	FCC Form 481		
Data Co	llection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
			July 2013	
<010>	Study Area Code	305062		
<015>	Study Area Name	CINCINNATI BELL-OH		
<020>	Program Year	2018		
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich		
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.		

pat.rupich@cinbell.com

3050620HEmergencyFunctionality610 .pdf

Yes

<035> Contact Telephone Number - Number of person identified in data line <030>
<039> Contact Email Address - Email Address of person identified in data line <030>

 $<\!\!600\!\!> \quad \text{Certify compliance regarding ability to function in emergency situations}$ 

<610> Descriptive document for Functionality in Emergency Situations

(700) Price Offerings including Voice Rate Data  Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	305062	
<015> Study Area Name	CINCINNATI BELL-OH	
<020> Program Year	2018	
<030> Contact Name - Person USAC should contact regarding this data	Patricia Rupich	
<035> Contact Telephone Number - Number of person identified in data	line <030> 5133976671 ext.	
<039> Contact Email Address - Email Address of person identified in data	line <030> pat.rupich@cinbell.com	
<701> Residential Local Service Charge Effective Date 1/1/2017 <702> Single State-wide Residential Local Service Charge		

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
					See at	tached worksheet			
					<del></del>	<del>laciica wornsiicel</del>			
!									

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code 3	05062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
				- See attac	hed				
				worksheet -	1				

(800) Operating Companies		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<0.10 Study Area Code	305062	

<010>	Study Area Code		305062
<015>	Study Area Name		CINCINNATI BELL-OH
<020>	Program Year		2018
<030>	Contact Name - Person U	JSAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address -	Email Address of person identified in data line <030>	pat.rupich@cinbell.com
<810>	Reporting Carrier	Cincinnati Bell Telephone Company LLC	
<811>	Holding Company	Cincinnati Bell Inc.	
<812>	Operating Company	Cincinnati Bell Telephone Company LLC	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-			
-			
=			
-	See atta	ached worksh	et
-			
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=			

Study Area Code   200662   Study Area Name   Charastavary matt.—Oil	(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
Study Area Name   CINCERDRATT RELL-ON	<010> Study Area Code	305062
2018   Program Year   2018		CINCINNATI BELL-OH
- Contact Telephone Number - Number of person identified in data line <030> - S133978671 ext Contact Email Address - Email Address of person identified in data line <030> - Pat rupl cheect inball - com -	· · · · · · · · · · · · · · · · · · ·	2018
4920> Tribal Government Engagement Obligation  4900		Patricia Rupich
Solution of Attached Document    Solution   Solution   Solution	<035> Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<910> Tribal Land(s) on which ETC Serves <920> Tribal Government Engagement Obligation Name of Attached Document If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to \$54.313(a)(9) includes: 921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. 922- Feasibility and sustainability planning; 923- Marketing services in a culturally sensitive manner; 924- Compliance with Land Use permitting requirements 925- Compliance with Land Use permitting rules 926- Compliance with Entities Siting rules 927- Compliance with Entities Siting rules 927- Compliance with Environmental Review processes	<039> Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com
<920> Tribal Government Engagement Obligation Name of Attached Document If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to \$54.313(a)(9) includes: 921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. 922> Feasibility and sustainability planning; 923> Marketing services in a culturally sensitive manner; 924> Compliance with Rights of way processes 925> Compliance with Facilities Siting rules 927> Compliance with Environmental Review processes	<900> Does the filing entity offer tribal land services? (Y/N)	No
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:	<910> Tribal Land(s) on which ETC Serves	
to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to  § 54.313(a)(9) includes:  Peasibility and sustainability planning;  Marketing services in a culturally sensitive manner;  Compliance with Rights of way processes  Compliance with Land Use permitting requirements  Compliance with Facilities Siting rules  Compliance with Environmental Review processes  Compliance with Environmental Review processes	<920> Tribal Government Engagement Obligation	Name of Attached Document
to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to  § 54.313(a)(9) includes:  Yes or No or Not Applicable Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Yeas Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes	If your company serves Tribal lands inlease select (Ves No. NA) for each these hoves	
demonstrates coordination with the Tribal government pursuant to  § 54.313(a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Select Yes or No or Not Applicable  Possibility and sustainability planning;  Passibility and		
§ 54.313(a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Peasibility and sustainability planning;  Marketing services in a culturally sensitive manner;  Compliance with Rights of way processes  Compliance with Land Use permitting requirements  Compliance with Facilities Siting rules  Compliance with Environmental Review processes		
<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. <922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes	- · · · · · · · · · · · · · · · · · · ·	
community anchor institutions.  <922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes		Not Applicable
<923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes	community anchor institutions.	
<924> Compliance with Rights of way processes  <925> Compliance with Land Use permitting requirements  <926> Compliance with Facilities Siting rules  <927> Compliance with Environmental Review processes		
<925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes	,	
<926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes		
<927> Compliance with Environmental Review processes		<u> </u>
· · · · · · · · · · · · · · · · · · ·		
<928> Compliance with Cultural Preservation review processes	·	
	<928> Compliance with Cultural Preservation review processes	
<929> Compliance with Tribal Business and Licensing requirements.	<929> Compliance with Tribal Business and Licensing requirements.	

			rage i
(1000) V	pice and Broadband Service Rate Comparability		FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
<010>	Study Area Code		305062
<015>	Study Area Name		CINCINNATI BELL-OH
<020>	Program Year		2018
<030>	Contact Name - Person USAC should contact regarding this data		Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data lin		5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data lin	ne <030>	pat.rupich@cinbell.com
<1000>	Voice services rate comparability certification	Yes	3
<1010>	Attach detailed description for voice services rate comparability compliance	3050	062OHVoiceRateComparability1010.pdf
			Name of Attached Document
<1020>	Broadband comparability certification		s - Pricing is no more than the most recent applicable benchmark announced by Wireline Competition Bureau
<1030>	Attach detailed description for broadband comparability compliance	30506	62OHBBRateComparability1030.pdf
			Name of Attached Document

o Terrestrial Backhaul Reporting			ECC Form 481	
				o. 3060-0986/OMB Control No. 3060-0819
Study Area Code	305062			
Study Area Name	CINCINN	IATI BELL-OH		
Program Year	2018			
Contact Name - Person USAC should contact regarding this data	Patrici	a Rupich		
Contact Telephone Number - Number of person identified in data line <030>	5133976	671 ext.		
Contact Email Address - Email Address of person identified in data line <030>	pat.rup	oich@cinbell.com		
Certify whether terrestrial backhaul options exist (Y/N)		Yes		
	kbps			
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>  Certify whether terrestrial backhaul options exist (Y/N)  Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256	Study Area Code  Study Area Name  Program Year  Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>  pat.rug  Certify whether terrestrial backhaul options exist (Y/N)  Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps	Study Area Code  Study Area Name  CINCINNATI BELL-OH  Program Year  Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>  pat.rupich@cinbell.com  Certify whether terrestrial backhaul options exist (Y/N)  Yes  Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps	Study Area Code  Study Area Name  CINCINNATI BELL-OH  Program Year  Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>  Certify whether terrestrial backhaul options exist (Y/N)  Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps

(1200) Te	rms and Condition for Lifeline Customers		FCC Form 481
Lifeline			OMB Control No. 3060-0986/OMB Control No. 3060-0819
<b>Data Coll</b>	ection Form		July 2013
•			
<010>	Study Area Code	305062	
<015>	Study Area Name	CINCINNATI BELL-OH	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich	
<035>	Contact Telephone Number - Number of person identified in data line <030		
<039>	Contact Email Address - Email Address of person identified in data line <03	0> pat.rupich@cinbell.com	
		3050620HLifeline1210.pdf	
		Joseph January 1941	
-1210s	Torms 9 Conditions of Voice Telephony Lifeline Plans		
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		
			Name of Attached Document
<1220>	Link to Public Website		
\1220>	Link to Public Website HTTP		
	·		
"Please cl	neck these boxes below to confirm that the attached document(s), on line 1210,		
	bsite listed, on line 1220, contains the required information pursuant to		
	(a)(2) annual reporting for ETCs receiving low-income support, carriers must		
annually r			
umauny i	cport.		
<1221>	Information describing the terms and conditions of any voice		
	telephony service plans offered to Lifeline subscribers,		
<1222>	Details on the number of minutes provided as part of the plan,		
		•	
		i	
<1223>	Additional charges for toll calls, and rates for each such plan.		

(2005) P	rice Cap Carrier Additional Documentation		FCC Form 481
Data Col	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code	305062	
<015>	Study Area Name	CINCINNATI BELL-OH	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

### **Incremental Connect America Phase I reporting**

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the	Not Applicable	
	July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives	Not Applicable	
	Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.		
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect	Not Applicable	
	America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?	No	
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?	No	
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)	No	t Applicable

(2005) Price Cap (	Carrier Additional Documentation	FCC Form 481	
Data Collection F	orm		No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-	Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013	
Price Ca <sub>l</sub>	Carrier Connect America ICC Support {47 CFR § 54.313(d)}		
<2016>	Certification support used to build broadband	Not Applicable	
Connect	America Phase II Reporting {47 CFR § 54.313(e)}		
<2017A>	Connect America Fund Phase II recipient?	Yes	
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.	974165	
<2018>	Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing Required Information	3050620HCommunityAnchorInstituti ns2018.xlsm
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates		

reasonably comparable to rates charged to eligible schools and libraries in

urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	305062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	Duagraca Danast on E Vacu Dlan			
(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		Γ	
(3010B)	Please Provide Attachment	Name of Attached Docu Information	ment Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	momuton	Г	
(3012B)	Please Provide Attachment	Name of Attached Docu- Information	ment Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	00	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	0 0	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:  Electronic copy of their annual RUS reports (Operating Report for Telecommunications			
(3016)	Borrowers)  Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required	Name of Attached Docu Information	ment Listing Required	
(3018)	documentation If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line	(Yes/No)	0 0	
(3019)	3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement			
(3021)	and Statement of Cash Flows  Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3026)	Attach the worksheet listing required information	Name of Attached Docu Information	ment Listing Required	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	305062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

Financial Data Summary	<b>_</b>
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	305062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ine <030> pat.rupich@cinbell.com

### 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

### Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001**. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

### Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003a**. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

### If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

in yes to 4000A, picase provide a response for 4000		
<b>4003b</b> . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
Broadband Deployment Locations – FCC 14-98 (par	agraph 80)	
<b>4004a</b> . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
<b>4004b</b> . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	305062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: CINCINNATI BELL-OH

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/29/2017

Printed name of Authorized Officer: Thomas Simpson

Title or position of Authorized Officer: Chief Operating Officer

Telephone number of Authorized Officer: 5133973992 ext.

Study Area Code of Reporting Carrier: 305062 Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	305062	
<015>	Study Area Name	CINCINNATI BELL-OH	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.	

pat.rupich@cinbell.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

	is authorized to submit the information reported on behalf of the reporting car my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorid data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this	an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipient	ts on Behalf of Reportin	g Carrier	
	norized to submit the annual reports for universal service support re reporting carrier; and, to the best of my knowledge, the informatio			
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:  Date: 06/13/2017				
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Agen	t .			
Telephone number of Authorized Agent or Employee of Ag	gent:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this form	n can be punished by fine or forfeiture under the Communications Act of 19 18 of the United States Code, 18 U.S.C. § 1001.	34, 47 U.S.C. §§ 502, 503(b), or	fine or imprisonment under Title	



(700) Price Offerings including Voice Rate D	)ata
Data Collection Form	

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	305062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<701> Residential Local Service Charge Effective Date <702> Single State-wide Residential Local Service Charge 1/1/2017

<703>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
				Residential Local			Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
OH	BETHANY		FR	27.95	0.0	0.0	0.0	27.95
ОН	BETHEL		FR	26.45	0.0	0.0	0.0	26.45
ОН	Cin:not Miami/Saylor PK		FR	29.45	0.0	0.0	0.0	29.45
ОН	Cin: Miami/Saylor Pk		FR	30.45	0.0	0.0	0.0	30.45
ОН	Clermont: Cherry Grv		FR	25.7	0.0	0.0	0.0	25.7
OH	Clermont: Bat/Ham/Tob		FR	26.7	0.0	0.0	0.0	26.7
ОН	Clermont: New Rohmnd		FR	27.7	0.0	0.0	0.0	27.7
OH	Ham:Crescentvl/Fair		FR	29.45	0.0	0.0	0.0	29.45
ОН	Ham: Hamilton		FR	30.45	0.0	0.0	0.0	30.45
OH	HARRISON		FR	27.95	0.0	0.0	0.0	27.95
OH	LITTLE MIAMI		FR	27.95	0.0	0.0	0.0	27.95
ОН	NEWTONSVILLE		FR	27.7	0.0	0.0	0.0	27.7
OH	REILY		FR	26.45	0.0	0.0	0.0	26.45
OH	SEVEN MILE		FR	26.45	0.0	0.0	0.0	26.45
OH	SHANDON		FR	26.45	0.0	0.0	0.0	26.45
OH	WILLIAMSBURG		FR	28.95	0.0	0.0	0.0	28.95
OH	BETHANY		MS	16.41	0.0	0.0	0.0	16.41
ОН	BETHEL		MS	16.54	0.0	0.0	0.0	16.54
ОН	Cin:not Miami/Saylor Pk		MS	17.0	0.0	0.0	0.0	17.0
OH	Cin: Miami/Saylor Pk		MS	16.98	0.0	0.0	0.0	16.98
OH	Clermont: Cherry Grv		MS	16.13	0.0	0.0	0.0	16.13

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	305062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com
<701>	Residential Local Service Charge Effective Date 1/1/2017	

<703>

<702> Single State-wide Residential Local Service Charge

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
CL - L -	5 day (450)	CAC (CETC)	2.1.7	Residential Local			Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
OH			MS	16.76	0.0	0.0	0.0	16.76
OH	Clermont: New Rchmnd		MS	16.91	0.0	0.0	0.0	16.91
ОН	Ham:Crescentv1/Fa1r		MS	16.19	0.0	0.0	0.0	16.19
OH	Ham: Hamilton		MS	16.61	0.0	0.0	0.0	16.61
ОН	HARRISON		MS	16.54	0.0	0.0	0.0	16.54
OH	LITTLE MIAMI		MS	16.33	0.0	0.0	0.0	16.33
OH	NEWTONSVILLE		MS	16.49	0.0	0.0	0.0	16.49
ОН	REILY		MS	16.65	0.0	0.0	0.0	16.65
OH	SEVEN MILE		MS	16.27	0.0	0.0	0.0	16.27
ОН	SHANDON		MS	16.63	0.0	0.0	0.0	16.63
OH	WILLIAMSBURG		MS	16.24	0.0	0.0	0.0	16.24
							·	

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	305062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

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owance ken nit Reached {select}
e - No usage allowance limit
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ne - No usage allowance limit
ne - No usage allowance limit
ne - No usage allowance limit
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(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		305062
<015>	Study Area Name		CINCINNATI BELL-OH
<020>	Program Year		2018
<030>	Contact Name - Person US	SAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Er	mail Address of person identified in data line <030>	pat.rupich@cinbell.com
<810>	Reporting Carrier	Cincinnati Bell Telephone Company LLC	
<811>	Holding Company Cincinnati Bell Inc.		
<812>	Operating Company	Cincinnati Bell Telephone Company LLC	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
=	Cincinnati Bell Telephone Company LLC	265061	Cincinnati Bell, CBT, CBTS, Cincinnati Bell Business, Fioptics
_	Cincinnati Bell Any Distance Inc.		Cincinnati Bell, CBAD, CBTS, Cincinnati Bell Business
_	Cincinnati Bell Extended Territories LLC		Cincinnati Bell, CBET, CBTS, Cincinnati Bell Business, Fioptics
_	Cincinnati Bell Technology Solutions Inc.		CBTS, Cincinnati Bell Business, Cincinnati Bell
_	eVolve Business Solutions LLC		eVolve, CBTS, Cincinnati Bell Business, eMerge, eVantage, Connected Office Voice, COV
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### **Line 330 - Unfulfilled Broadband Service Request Resolution**

### Ohio - SAC 305062

Cincinnati Bell Telephone ("CBT") determined the number of unfulfilled broadband service requests based on on-line inquiries and calls to a service representative regarding the availability of broadband service at a particular location. Those who inquired and asked to be notified when broadband service of 10 Mbps or greater became available at their location were considered as unfulfilled requests. CBT maintains a list of these unfulfilled requests. As CBT expands the reach of its broadband network it notifies customers in a newly served area when its broadband service becomes available. Of the unfulfilled requests reported on Line 320, 369 have subsequently subscribed to CBT's broadband service.

## Cincinnati Bell Telephone Company LLC Service Quality Standards & Consumer Protection Rules Compliance Line 510 Ohio – SAC 305062

### Service Quality Standards

CBT has established procedures to ensure compliance with applicable service quality standards established by the state utility commissions and the FCC.

### **Consumer Protection Rules**

CBT has procedures and processes in place to ensure compliance with applicable consumer protection rules, including, but not limited to: protection of CPNI as documented in its annual CPNI certification filed in EB Docket No. 06-36; FCC's Truth-in-Billing rules (47 C.F.R. § 64.2400 *et al*); Telemarketing rules (47 C.F.R. §64.1200 *et al*); Slamming rules (47 C.F.R. §64.1100 *et al*); Open Internet rules (47 C.F.R. §8.1 *et al*), and CVAA requirements (47 C.F.R. Parts 6, 7 and 14). CBT also has processes and procedures in place to address consumer complaints filed with the state utility commissions as well as complaints filed under section 208 of the Communications Act in compliance with 47 C.F.R. §\$1.711 through 1.736. In addition, CBT provides 911 service throughout its service area.

## Cincinnati Bell Telephone Company LLC Functionality in Emergency Situations Line 610 Ohio - SAC 305062

### 4901:1-6-31 Ohio Administrative Code - Emergency and Outage Operations

- (A) Each facilities-based local exchange carrier (LEC) shall design, operate, and maintain its facilities to continue to provide customers with the ability to originate and receive calls at all times. The commission will utilize existing FCC rules applicable to emergency and outage operations. Companies shall submit outage reports utilizing, at the company's discretion, either existing FCC reports or a format determined by the commission.
- (B) Each facilities-based LEC shall submit, within two hours of discovery, to the commission's outage coordinator and when appropriate, the news media in the affected area, a notification that it has experienced an outage, whenever that outage occurs on any facility that it owns, operates, leases or otherwise utilizes and is both:
  - (1) Expected to last for a period in excess of thirty minutes.
  - (2) Potentially affects at least nine hundred thousand user minutes in the incumbent local calling area.
- (C) Each facilities-based LEC shall report, by telephone or electronic means, a disruption of 9-1-1 services, which impairs 9-1-1 service within a given county 9-1-1 system, immediately to each county 9-1-1 public safety answering point, to the Ohio 9-1-1 coordinator, and to the news media in the affected area, when appropriate.
- (D) Each facilities-based LEC experiencing a loss of communications or selective routing to a public safety answering point, as a result of an outage described under paragraphs (B) and (C) of this rule, shall also notify, as soon as possible, by telephone or electronic means, any official who has been designated by the management of the affected 9-1-1 facility as the LEC's contact person for communication outages at that facility; and the LEC shall convey to that person all available information that may be useful to the management of the affected facility in mitigating the effects of the outage on efforts to communicate with that facility.
- (E) Each facilities-based LEC experiencing an outage described under paragraphs (B) and (C) of this rule, shall electronically submit to the commission's outage coordinator the same information as that provided to the FCC or the following information:
  - (1) A notification that it has experienced a outage, which shall include the name of the reporting entity, the date and time of the onset of the outage, a brief description of the problem, the particular service affected, the geographic area affected by the outage, the number of customers affected, an estimate of when the service, including 9-1-1, will be restored, and a contact name

- and telephone number by which the commission's outage coordinator may contact the reporting entity.
- (2) Not later than seventy-two hours after discovering the outage, an initial communications outage report, which shall include all pertinent information then available on the outage and shall be submitted in good faith.
- (3) Not later than thirty days after discovering the outage, the provider shall submit electronically a final communications outage report, which shall include all pertinent information on the outage, including any information that was not contained in, or that has changed from that provided in, the initial report.
- (F) Each facilities-based LEC shall develop, implement, and maintain an emergency plan and make it available for review by commission staff. The plan shall include, but not be limited to, all of the following:
  - Procedures for maintaining and annually updating a list of those customers who have subscribed to the federal telecommunications service priority program, as identified in 47 C.F.R. 64, appendix A.
  - (2) Procedures for priority treatment in restoring out-of-service trouble of an emergency nature for customers with a documented medical or life-threatening condition.
  - (3) In addition to the telecommunications service priority program, each LEC shall develop policies and procedures regarding those customers who require priority treatment for out-of-service clearance. Such procedures shall include a table of restoration priority, including, but not limited to, subscribers such as police and fire stations, hospitals, key medical personnel, and other utilities.
  - (4) Procedures for restoring service to priority critical facilities customers.
  - (5) Identification and annual updates of all of the facilities-based LEC's critical facilities and reasonable measures to protect its personnel and facilities.
  - (6) Assessments and evaluations of telecommunications facilities available to provide back-up service capabilities.
  - (7) Procedures for after-action assessments and reporting following activation of any part of the emergency plan. An after-action report will be written and will include lessons learned, deficiencies in the response to the emergency, and deficiencies in the emergency plan.
  - (8) A current list of the names and telephone numbers of the facilities-based LECs' emergency service personnel to contact and coordinate with in the event of any real or anticipated local or national threats to its ability to provide telecommunications service.
  - (9) A current list of the names and telephone numbers of the facilities-based LEC's emergency service personnel that is made available to the commission's emergency coordinator, upon request.

- (10)A continuity of operations plan to assure continuance of minimum essential functions during a large scale event in which staffing is reduced. Such plans shall provide for:
  - (a) Plan activation triggers such as the world health organization's pandemic phase alert levels, widespread transmission within the United States, or a case at one or more locations within Ohio.
  - (b) Identification of a pandemic coordinator and team with defined roles and responsibilities for preparedness and response planning.
  - (c) Identification of minimal essential functions, minimal staffing required to maintain such essential functions, and personnel resource pools required to ensure continuance of those functions in progressive stages associated with a declining workforce.
  - (d) Identification of essential employees and critical inputs (e.g., raw materials, equipment, suppliers, subcontractor services/products, and logistics) required to maintain business operations by location and function.
  - (e) Policies and procedures to address personal protection initiatives.
  - (f) Policies and procedures to maintain lines of communication with the public utilities commission of Ohio during a declared emergency.
- (G) Each facilities-based LEC shall amend its emergency plan in accordance with the findings identified in the after-action assessment report required under paragraph (F)(7) of this rule.

### Review of CBT Ohio Facilities and Processes to Remain Functional in Emergency Situations

CBT has processes and procedures in place to comply with the requirements 4901:1-6-31 (F) O.A.C., including the following:

### **Batteries and Generators**

All CO's (and critical ORM's) have appropriately sized generators to carry and hold the CO's for at least 18 to 24 hours and they also have wet cell batteries sized to provide 6 to 8-hours of back-up power for all telecom equipment. All ORMs have wet cell batteries sized for 6 to 8-hours of back-up power and approximately 25% of the ORM building portfolio have back-up generators installed on-site. All bulk power sites (CEV's, CEC, hut and cabinets, etc.) have 7-year warranty batteries with 6 to 8-hours of battery back-up power. All SLC sites have 5-year warranty batteries. Finally, CBT has sixteen (16) portable generators (of various sizes) within the network that can be marshaled to a site if an on-site generator fails or a site without a generator needs to ride-out an emergency situation.

### **Diverse Facilities**

CBT has circuit redundancy and route diversification built into the landline Network for all class 5 Central Offices, including Lucent 5E and Nortel DMS10 offices, as well as SS7 diversification and a robust optical SONET Transport Network. However, if/when a network outage does occur, as in the case of a cable/fiber cut that isolates segments of the Landline Network, the Network Operation Center, which

monitors the entire CBT Network, is able to quickly identify the outage condition, prioritize restoration efforts, including critical circuits/customers affected, and work with other internal groups to determine alternate routing that may be required to restore service and maintain traffic flow. Specifically, the NOC first utilizes TIRKS to determine if spare cable/fiber pairs are available to roll the affected circuits. If so, the NOC works with the Central Office technicians and cable maintenance crews to utilize the spare facilities. If spare facilities are not available, the NOC then works with the planning engineering group, as well as the facilities design group to re-design the cable/fiber routes. The NOC is a 24X7 operation, and utilizes documented callout personnel from various internal departments as necessary during off hours to ensure facilities and network traffic are re-routed as soon as possible. The Cincinnati Bell NOC acts as a Control Center during network outages and communicates progress internally during restoration efforts, including facility routing. In the case of a catastrophic network event, emergency policies/procedures are also implemented and restoration efforts are coordinated with the Disaster Recovery Team.

### **Congestion Management of Traffic Spikes**

CBT manages network congestion resulting from emergency situations using a number of techniques including the use of call gapping and line load control features. In addition, if necessary CBT may be able access spare capacity in some areas to relieve traffic spikes resulting from emergency situations.

## Cincinnati Bell Telephone Company LLC Description of Voice Services Rate Comparability Line 1010 Ohio – SAC 305062

As shown on the attached file for Line 700 (Company Voice Telephony Service Price Offerings), Cincinnati Bell Telephone Company LLC's ("CBT") highest rate for voice service (excluding the federal SLC) in Ohio is \$30.45. CBT's federal SLC as of January 1, 2017 was \$5.32. Therefore the highest rate for voice service (local rate plus federal SLC) in CBT's Ohio study area is \$35.77, which is below the "reasonable comparability benchmark" of \$49.51.

## Cincinnati Bell Telephone Company LLC Description of Broadband Services Rate Comparability Line 1030 Ohio – SAC 305062

As shown on the attached file for Line 710 (Company Broadband Price Offerings), Cincinnati Bell Telephone Company LLC ("CBT") has a single non-promotional rate throughout its service area for each broadband speed tier; therefore, the rate in rural areas is the same as the rate urban areas. In addition, none of CBT's broadband offerings have a usage allowance and the rates for all of CBT's speed tiers are below the reasonable comparability benchmarks set by the FCC.

### Cincinnati Bell Telephone Company LLC Lifeline Terms and Conditions Ohio – SAC 305062

Cincinnati Bell Telephone Company LLC (CBT) maintains its Lifeline terms and conditions in its Local Service Tariff, PUCO No. 1, Section 4. A copy of this tariff section follows. This tariff is available on CBT's website, <a href="https://www.cincinnatibell.com">www.cincinnatibell.com</a>. The link to the Lifeline section of the tariff is:

https://www.cincinnatibell.com/assets/CinBell/Content/PDFs/About%20Us/Regulatory%20 Affairs/Tariffs/New%20Lifeline%20docs%2012.2.16/CBT-OH-Local-Service-Tariff-Sec-04-Lifeline-2016-12-01.pdf

CBT Lifeline customers who purchase flat rate local telephone service receive unlimited local calling throughout the basic local calling area as part of the monthly service price. Customers who purchase local measured service pay \$0.05 per originating minute of use for all calls in the basic local calling area. Measured service customers may receive an unlimited number of calls for no additional charge. (See CBT's Local Service Tariff, PUCO No. 1 at <a href="www.cincinnatibell.com">www.cincinnatibell.com</a> for detail regarding CBT's flat rate basic local exchange service. See CBT's Residence Service Agreement – Local Telephone Service at <a href="www.cincinnatibell.com">www.cincinnatibell.com</a> for detail regarding measured service.)

CBT's Lifeline service does not include any long distance usage. To place long distance calls, customers must presubscribe to an interexchange carrier (CBT is not an interexchange carrier) or use casual calling. Charges will depend on the services and carrier the customer chooses for long distance.

### CINCINNATI BELL TELEPHONE COMPANY LLC

Section 4 1st Revised Page 1 Cancels Original Page 1

LIFELINE (C)

### A. LIFELINE ASSISTANCE

1. Regulations (C)

### a. Benefits

Lifeline shall be a flat-rate, monthly, primary access line service with touch-tone service, or any other services and bundles or packages of services, if available to customers, less the Lifeline discount, and shall provide the following:

- 1. A recurring discount to the monthly basic local exchange service rate or other local service rate that provides for the maximum contribution of federally available assistance.
- 2. Not more than once per customer at a single address in a twelve-month period, a waiver of all nonrecurring service order charges for establishing service. (See Note 1.)
- 3. Free blocking of toll service, 900 service and 976 service.
- 4. A waiver of the federal universal service fund end user charge
- 5. A waiver of the Company's local telephone service deposit requirement.

Note 1: The Lifeline nonrecurring charge waiver applies only to establishing access line service. The waiver does not apply to nonrecurring charges for optional services or features ordered with the access line including charges to establish a service bundle.

Issued: November 30, 2016 Effective: December 2, 2016

By: Ted Heckmann, Assistant Secretary and Managing Director, Regulatory Affairs

In accordance with Case No. 16-2283-TP-TRF

### CINCINNATI BELL TELEPHONE COMPANY LLC

Section 4 1st Revised Page 2 Cancels Original Page 2

(T)

LIFELINE (C)

### A. LIFELINE ASSISTANCE (Continued)

1. Regulations (C)

b. Eligibility (C)

Lifeline Assistance is available to residential customers who are currently participating in one of the following federal or state low-income assistance programs that limit assistance based on household income:

- 1. Federal Public Housing Assistance or Section 8
- 2. Survivor Pension Benefits Program (T)
- 3. Veteran Pension Benefits Program
- 4. Medical Assistance under Chapter 5111 of the Ohio Revised Code (Medicaid) or any state program that might supplant Medicaid.
- 5. Supplemental Security Income (SSI) under Title XVI of the Social Security Act
- 6. Supplemental Nutritional Assistance Program (SNAP/Food Stamps)
- 7. (D)
- 8. (D)
- 9. (D)

Lifeline Assistance is also available to customers whose total household income is at or below one- (C) hundred thirty-five percent (135%) of the federal poverty level.

The Company shall require as proof of eligibility for Lifeline Assistance a document, signed by the customer, that includes all customer identifying information, certifications, and documentation of eligibility required by state and/or federal regulations. To fulfill these requirements, a Customer must complete, sign, and return the Company's Lifeline application form with documentation of Lifeline eligibility attached to the form. Lifeline benefits will begin once the completed application form and documentation of eligibility are reviewed and processed in accordance with any applicable state and federal requirements. Customers will not receive retro-active Lifeline credits for periods prior to receipt of the completed application and supporting documentation of eligibility.

The Company shall establish procedures to verify and/or certify an individual's continuing Lifeline eligibility in accordance with FCC requirements.

If a customer disagrees with the Company's findings regarding continued eligibility for Lifeline benefits, the customer may make an informal/formal complaint with the Public Utilities Commission of Ohio.

Note: Some material on this page previously appeared on Original Page 8 of this section.

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By: Ted Heckmann, Assistant Secretary
and Managing Director, Regulatory Affairs

In accordance with
Case No. 16-2283-TP-TRF

### CINCINNATI BELL TELEPHONE COMPANY LLC

Section 4 1st Revised Page 3 Cancels Original Page 3

### **LIFELINE**

### A. LIFELINE ASSISTANCE (Continued)

1. Regulations (Continued) (T)

(D)

(D)

### c. Payment Arrangements

(T)

Customers qualifying for Lifeline Assistance with past due bills for regulated local service charges shall be offered special payment arrangements with the initial payment not to exceed \$25.00 before service is installed, with the balance for the regulated local charges to be paid over six equal monthly payments. Lifeline service customers with past due bills for toll charges shall have toll restricted service until such past due toll charges have been paid in full or until the customer establishes service with a subsequent toll provider. (C)

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### CINCINNATI BELL TELEPHONE COMPANY LLC

Section 4 1st Revised Page 4 Cancels Original Page 4

LIFELINE (T)

### A. LIFELINE ASSISTANCE (Continued)

1. Regulations (Continued)

(T)

d. Terms and Conditions

(T)

All aspects of Lifeline Assistance shall be consistent with the federal requirements and any additional state-specific requirements, including, but not limited to 47 C.F.R. Part 54, Subpart E; The FCC's Lifeline Modernization Order (Third Report and Order released on April 27, 2016, WC Docket No. 11-42, FCC 16-38, et.al. Ohio Administrative Code; and, the Commission's nontraditional Lifeline service order (Finding as Order adopted May 23, 2012, Case No. 10-2377-TP-COI) and any subsequent entries and/or orders. Additional state-specific requirements are tariffed in parts A.1.a., A.1.b., and A.1.c. of this section.

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# CINCINNATI BELL TELEPHONE COMPANY LLC Section 4 1st Revised Page 5 Cancels Original Page 5 LIFELINE (T) A. LIFELINE ASSISTANCE (Continued) RESERVED (D)

(D)

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# CINCINNATI BELL TELEPHONE COMPANY LLC Section 4 1st Revised Page 6 Cancels Original Page 6 LIFELINE (T) A. LIFELINE ASSISTANCE (Continued) RESERVED (T)

(D)

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# CINCINNATI BELL TELEPHONE COMPANY LLC Section 4 1st Revised Page 7 Cancels Original Page 7 LIFELINE (T) A. LIFELINE ASSISTANCE (Continued) RESERVED (T)

(D)

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# CINCINNATI BELL TELEPHONE COMPANY LLC Section 4 1st Revised Page 8 Cancels Original Page 8 LIFELINE LIFELINE ASSISTANCE (Continued) RESERVED (T) (D)

Note: Some material appearing on the prior version of this page now appears on 1st Revised Page 2 of this section.

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### CINCINNATI BELL TELEPHONE COMPANY LLC

Section 4 4th Revised Page 9 Cancels 3rd Revised Page 9

### **LIFELINE**

### A. LIFELINE ASSISTANCE (Continued)

### 2. Rates and Charges

### a. Price Flexibility

All of the Company's exchanges have been deemed competitive and have been accorded the pricing flexibility defined in 4901:6-14 (C) O.A.C. which caps BLES monthly rates at annual increases of no more than \$1.25 per line.

The annual period for rate increases is defined to begin on the anniversary date.

### b. Monthly Pricing with Lifeline

All Lifeline customers receive an FCC prescribed \$9.25 discount on their local monthly service rates. This discount is first applied to waive the federal end user common line charge with the remainder applied to the Customer's monthly BLES, measured service, or bundle rate.

(D)

Lifeline customers with BLES receive an additional CBT-funded discount under the Commission's (D) previous alternative regulation rules, 4901:1-4-11 O.A.C. effective August 7, 2006. This additional discount varies by exchange as follows.

Exchange	Additional Monthly Lifeline Discount
Cincinnati and Hamilton	6.25
Bethany, Harrison, Little Miami, and Williamsburg	3.75
Clermont and Newtonsville	2.50
Bethel, Reily, Seven Mile, and Shandon	1.25

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# CINCINNATI BELL TELEPHONE COMPANY LLC Section 4 3rd Revised Page 10 Cancels 2nd Revised Page 10 LIFELINE (T) A. LIFELINE ASSISTANCE (Continued) RESERVED (T)

(D)

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### CINCINNATI BELL TELEPHONE COMPANY LLC

Section 4 7th Revised Page 11 Cancels 6th Revised Page 11

### LIFELINE

### B. LIFELINE RECOVERY SURCHARGE

### 1. General

Incumbent Local Exchange Carriers (ILECs), in accordance with Section 4927.13 (D) of the Revised Code, may recover from end users any Lifeline service discounts that are not recovered through state or federal funding or whose recovery is prohibited by law. In accordance with 4901:1-6-19 (P) O.A.C., ILECs may recover these discounts through a customer billing surcharge on retail customers, excluding those with Lifeline service.

The Company's Lifeline Recovery Surcharge is calculated to recover the difference between the Company's Lifeline prices and the Company's standard retail service prices, minus any portion of the price differences that are recovered through federal or state funding. The Company will update this calculation at least once per year in accordance with 4901:1-6-19 (R) O.A.C.

The Lifeline Recovery Surcharge is imposed on each residence, nonresidence, and payphone access line, other than Lifeline service. For purposes of application of this surcharge, access lines are defined as facilities, which provide access to and from the telecommunications network for toll service and for local calling. Not included in this definition are remote call forwarding and Cincinnati Bell official accounts.

### 2. Rates and Charges

Monthly Charge

Lifeline Recovery Surcharge, per Line: \$ 0.04 (R)

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By: Ted Heckmann, Assistant Secretary and Managing Director, Regulatory Affairs

### Template for Reporting Community Anchor Institutions (Lines 2018, 3012B, and 4003B)

Number	Name	Street Address	State	Zip
1	None			
2				
3				
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7				
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12				
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